MENTAL HEALTH SERVICES ACT DELIVERABLES

Board of Behavioral Sciences (BBS)

January - July 2010

Funding & Human Resource Opportunities for Community Mental Health

- Developed a "Best Practices Guide" for supervision of MFT Interns, Associate Clinical Social Workers and LPCC Interns via videoconferencing - forthcoming September 2010.
- Identified and publicized funding opportunities for schools and mental health professionals working in underserved areas, such as the Cal-SEARCH program, loan repayment programs including the NHSC, FLRP and SLRP, stipend programs and federal grant funding.

Senate Bill 33 – MHSA Competencies in MFT Education

- This BBS-sponsored legislation requires integration of MHSA principles throughout MFT curriculum effective August 1, 2012. In support, BBS has:
  - Provided training and technical assistance to 72 MFT educators and schools, provided by licensees, employers, educators, consumers, family members and BBS staff *(see Att. A)*.
  - Identified external resources available to educators for training and technical assistance.
  - Assisted 25 schools working to become "early adopters" of new curriculum *(see Att. B)*.
  - Developed a visual chart summarizing the new curricular requirements *(see Att. C)*.

New Mental Health License Type & Examination Program Review

- BBS will begin accepting applications in early 2011 for Licensed Professional Clinical Counselors (LPCC), a new psychotherapist license. This is expected to add about 3,000 LPCCs and Interns to the public mental health workforce in the first three years. BBS MHSA-funded staff took the following actions to ensure MHSA compliance:
  - Reviewed proposed LPCC regulations and suggested changes
  - Participated in LPCC planning and implementation sessions
  - Worked with potential LPCC education programs, which are required to integrate MHSA competencies beginning August 1, 2012.

  - The Board performed a holistic review of its examination programs, including how to incorporate the principles of the MHSA. The Committee's recommendations can be found here, and initial findings of the MHSA competencies review is included in *Attachment D*.

Attachments

(Available in links provided on DMH's State Interagency Partners Website):

A. Spring 2010 MFT Educators Training Sessions Information
B. List of Early Adopters - SB 33 MFT Curriculum
C. Visual Summary of SB 33 MFT Curriculum Requirements
D. Report: Analysis of MHSA Competencies in BBS Examinations

Spring 2010 BBS MFT Educators Training Sessions

Due to the passage of SB 33 (Correa, 2009), which requires Marriage and Family Therapist (MFT) programs to change their curriculum by August 1, 2012, the Board of Behavioral Sciences (BBS) is offering a series of four one-day training classes aligned with the curriculum changes mandated by this legislation.

These training sessions are provided free of cost to attendees thanks to funding by the Mental Health Services Act in partnership with the California Department of Mental Health. The Board of Behavioral Sciences would like to thank AAMFT-California Division for their assistance in developing the training format, securing trainers and offering continuing education units to attendees.

Workshop 1: Co-Occurring Disorders and Addiction – February 26 & March 12

Steven Tierney, Ed.D. and Mary Read, Ph.D., LMFT

According to SAMSHA (the Substance Abuse and Mental Health Services Administration), currently only about half of the people in the US with co-occurring disorders and addiction (COD/A) receive appropriate and effective services. In California, the Mental Health Services Act motivates us to expand the scope of MFT services to include these populations.

Participants of this workshop will:

- Develop a working definition of co-occurring disorders and understand the impact of COD/Addiction on their clients and communities.
- Understand the necessity for coordinated care between mental health, primary care and specific substance abuse delivery systems.
- Analyze curriculum for teaching effective therapeutic interventions to graduate students.
- Develop a curriculum for their campus or program; including learning objectives tied to BBS and MHSA guidelines and recommendations
- Develop a peer support network of other educators who they can work with on COD/A issues when they return to their campuses.

Workshop 2: Recovery Oriented Behavioral Health Care – March 26 & May 7

Part 1: Marianne Baptista, MFT, CPRP

Recovery-oriented services place an emphasis on relationship in a way that is a dramatic break from the past. Services that are provided in the community, literally and figuratively, extend the walls of the mental health clinic. Old rules become irrelevant and new ways of working together are required.

This presentation describes a model for ethical decision making based on Pat Deegan's "Intentional Care: Employee Performance Standards that Support Recovery and Empowerment." While supporting the MFT code of ethics, it allows for greater flexibility and creativity in the way mental health practitioners work with clients.

Part 2: Diane Gehart, Ph.D. and Melinda Arends
Recovery In Action: Interview with a Consumer on What Works and What Doesn't

This workshop will explore a consumer's experience of public mental health services, identifying the elements that promote recovery and those that hinder it. In this workshop, Diane Gehart will interview a former consumer about her experiences with public mental health services, exploring styles of therapeutic relationships, therapeutic boundaries, crisis management, medication management, service access, diagnosis issues, the recovery process, and life after therapy. Particular emphasis will be placed on ethical issues of working from a recovery approach. Participants will also learn about options and ethical issues that arise when inviting consumers and their families to speak to students in university contexts

Workshop 3: Utilizing Collaboration with Consumers and their Family Members in Developing Effective Treatment Practices – April 16 & May 14

Sharon S. Dunas, MFT, President NAMI Westside LA; Dr. Debbie Ishida, family member and medical doctor; Rosina Ehrlich, family member and college professor; Sanjeet Sihota, MSW and consumer; Nikki Davis, consumer and artist

This session focuses on the diagnosis and treatment of those affected by mental illness for clinicians and educators. It is taught by a team of a mental health professional, two individuals who are knowledgeable about their own mental illness (consumers), and two family members of consumers.

Training Goals Include:

- Understand mental illness from the first-hand perspective of consumers and family members
- Learn a strength based model of care that utilizes collaboration with consumers and their family members to design effective treatment.
- Deepen your understanding of the bio-psycho-social model of mental illness
- Overall, learn how to utilize the strengths of clients with the strengths of their families in developing best treatment practices.
- Envision consumers and families as partners in a common cause for transformative empowerment.
- This training will also address the following:
    - How can schools best provide opportunities for students to meet with consumers and family members?
    - What roles can consumers play in the education of future MFTs and how will schools involve them with students?

Notebooks and class handouts will be provided

Workshop 4: Culture, SES and Mental Health: Transforming MFT Educational Challenges into Opportunities – April 2 & April 9

Matthew R. Mock, PhD and Panelists

Increased awareness of diversity - including race, ethnicity, culture, class, gender, sexual orientation, spirituality, different abilities and more - has led to a need to effectively incorporate cultural competency into curricula content and teaching-learning processes. Cultural competence and responsiveness means not only understanding others, but for students, the self-as-clinician.

The session begins with a dynamic presentation by a group of specially invited panelists. These speakers represent graduate teaching, curriculum and training transformation, community mental health leadership, and consumer-family-community perspectives.

Following this presentation, this panel of experts will work with educators to identify core themes for interactive discussions. The subsequent moderated break out groups will be tasked with specific objectives that will then be shared with attendees overall.

The content areas covered in this workshop include:

- Cultural competence awareness, skills and behaviors including racial, cultural, ethnic and linguistic backgrounds of individuals, families and communities in California.
- Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender and disability, and their incorporation in the psychotherapeutic process.
- Poverty and deprivation, the impact of poverty and social stress on an individual's development, mental health and recovery, and social and psychological implications of socioeconomic position.
- The impact that personal and social insecurity, social stress, low educational levels, inadequate housing, and malnutrition have on human development.

Board of Behavioral Sciences

1625 North Market Blvd., Suite S-200, Sacramento, CA 95834
(916) 574-7830, (916) 322-1700 TDD, (916) 574-8625 Fax
www.bbs.ca.gov

Arnold Schwarzenegger, *Governor*
State of California
State and Consumer Services Agency
Department of Consumer Affairs

Potential Early Adopters of the New Marriage and Family Therapist Curriculum Including MHSA and Public Mental Health Competencies

Senate Bill 33 (2009), which instills MHSA principles throughout required Marriage and Family Therapist (MFT) curriculum, has been received with enthusiasm by MFT educators as indicated by the following list of 25 schools who have expressed strong interest in adopting the new curriculum prior to its implementation date of August 1, 2012:

1. Alliant International University
2. Argosy University
3. Azusa Pacific University (Spring 2011)
4. Bethel Seminary
5. Brandman University
6. California Institute of Integral Studies
7. CSU Dominguez Hills
8. CSU Long Beach
9. CSU Sacramento (Dept. of Counselor Education, Lynn Wilcox)
10. Dominican College
11. HIS University
12. Hope International University
13. Institute of Transpersonal Psychology
14. John F. Kennedy University (Counseling Psychology program)
15. John F. Kennedy University (School of Holistic Studies)
16. Loma Linda University
17. Loyola Marymount
18. National University
19. Pacifica Graduate Institute
20. Phillips Graduate Institute (Fall 2011)
21. Ryokan College
22. Santa Barbara Graduate Institute
23. University of Phoenix
24. University of Southern California
25. Vanguard University

Marriage and Family Therapist Curriculum Requirements

Effective August 1, 2012*

All **new** requirements indicated in **bold**

Board of Behavioral Sciences

California Department of Mental Health

60 Unit Graduate Level Program

INTEGRATED THROUGHOUT CURRICULUM

- An understanding of various cultures **and the social and psychological implications of socioeconomic position**
- **An understanding of how poverty and social stress impact an individual's mental health and recovery**
- **Principles of mental health recovery-oriented care and methods of service delivery in settings that offer this type of treatment**
- Marriage and family therapy principles

Provide students the opportunity to meet with various consumers of mental health services and their family members to enhance understanding of their experience of mental illness, treatment and recovery

Allow for innovation and individuality in the education of Marriage and Family Therapists

Encourage students to develop personal qualities intimately related to effective practice

Permit an emphasis or specialization

Range of matters & life events that arise in relationships & within a variety of cultures & their psychological, therapeutic & health implications

End of life & grief; Long term care; Marriage, divorce & blended families; **Poverty & deprivation**; **Financial & social stress**; **Effects of trauma**; Childbirth, child rearing, parenting, & step-parenting; Child, Elder & Adult abuse assessment & reporting; Spousal & Partner abuse assessment, detection, intervention, & same-gender abuse dynamics; **Cultural factors relevant to abuse of partners & family members**

California Law and Ethics

Standards for different types of work settings; **Licensing law & process**; Scope of practice; Relationship between the therapist's sense of self, values, professional behavior & ethics; Therapeutic clinical & practical implications; Privilege, confidentiality, danger to self or others, treatment of minors w/o parental consent; Legal patterns & trends

Human Sexuality

Cultural Competency & Sensitivity

Effects of Socioeconomic Status on Treatment

Resilience

Developmental Issues from infancy to old age

Effects of developmental issues on relationships; Aging; Variety of cultural understandings of human development; Psychological & health implications of developmental issues & their effects; **Understanding behavior within context of socioeconomic status & other issues related to social position**; **Understanding behavior within the context of a variety of CA cultures**; **Impact of personal & social insecurity, social stress, low educational levels, inadequate housing & malnutrition on development**

Multicultural Development & Cross-cultural Interaction

12 Units in MFT

theories, principles & methods applied to all types of clients

*Diagnosis, assessment, prognosis & treatment of mental disorders **including severe mental disorders, evidence based practices,** psychological testing, psychopharmacology & **promising mental health practices***

*Substance Use, **Co-Occurring Disorders & Addiction***

Role of persons & systems that support or compound use & addiction; **Identification** & treatment approaches; Definitions; Medical aspects; Legal aspects; **Effects of drug use**; Populations at risk; Etiology of drug use & addiction; Prevention; Community resources

6 UNITS OF PRACTICUM

225 hours face-to-face counseling experience

Up to 75 hours of client centered advocacy

Student must be enrolled in practicum while counseling clients

Training: Use of theory & techniques; assessment, diagnosis & prognosis; treatment of individuals, couples & families including **trauma, abuse,** functioning & health; **professional writing; connecting clients with resources**

MAY BE OFFERED VIA EXTENSION PROGRAM

(must appear on transcript)

Case Management; **Collaborative Treatment**; **Disaster & Trauma Response**; **Resources for Persons with Mental Illness & Victims of Abuse**; **Advocacy**; **Systems of Care**; **Severe Mental Illness**; **Public & Private Services & Supports**

*All units expressed in semesters. Schools may adopt the new curriculum early. This chart is intended only as a guide. For specific requirements or legal wording, see Senate Bill 33 (2009) or Business & Professions Code Section 4980.36. *This document was developed by MHSA-funded staff in partnership with the California Dept. of Mental Health.*

Licensed Clinical Social Worker, Licensed Educational Psychologist, and Marriage & Family Therapist Examinations:

Analysis of Mental Health Services Act Competencies

Performed for the
California Department of Consumer Affairs
Board of Behavioral Sciences

Performed by Applied Measurement Services, LLC

Phase I - Completed June 30, 2009
Public Progress Report Released August 2, 2010

Phase II - In Progress

This project was funded by the Mental Health Services Act (MHSA) in partnership with the California Department of Mental Health and the Board of Behavioral Sciences

Introduction

Licensing boards and bureaus within the California Department of Consumer Affairs are required to ensure that examination programs used in the California licensure process are in compliance with psychometric guidelines and legal standards. The public must be reasonably confident that an individual passing a licensing examination has the requisite knowledge and skills to competently and safely practice in the respective profession.

In September 2008, the Department of Consumer Affairs Board of Behavioral Sciences (hereafter referred to as "Board") contracted with Applied Measurement Services, LLC (AMS) to conduct a holistic review of the Board's licensing examination programs. Phase I of the contract concluded June 30, 2009.

Specifically, AMS provided the following services: (a) acted as a principle psychometric support to the Board's Examination Program Review Committee; (b) met and consulted with Board staff and the Office of Professional Examination Services (OPES) staff; (c) analyzed existing data regarding competencies needed for prevention of mental illness and to work in public mental health and other environments; (d) began the evaluation of how competencies needed for prevention of mental illness and working in public mental health and other environments are integrated into the content of the five existing Board examinations (Licensed Clinical Social Worker (LCSW) Standard Written and Clinical Vignette Examinations, Licensed Educational Psychologist (LEP) Written Examination and Marriage and Family (MFT) Standard Written and Clinical Vignette Examinations); (e) prepared for and conducted four public meetings held statewide to provide training about examination validation and solicit feedback about the Board's examination programs; and, (f) prepared five progress reports describing Phase I results.

These services were conducted according to professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing (Standards)*[1] and *Business and Professions Code Section 139* (see *Examination Validation Policy*)[2].

The analysis of existing data regarding competencies needed for prevention of mental illness and to work in public mental health and other environments; and, how competencies needed for prevention of mental illness and working in public mental health and other environments are integrated into the content of the five existing Board examinations is presented in this progress report.

AMS worked primarily with Paul Riches, Executive Officer, and Kim Madsen, Assistant Executive Officer (now the Board's Executive Officer). AMS received and reviewed reports and reference materials provided by the Board and other professional organizations. AMS also downloaded materials from various websites (see References for a complete listing).

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[1] American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (1999). *Standards for Educational and Psychological Testing*. Washington, DC: American Educational Research Association.

[2] California Department of Consumer Affairs. (2004). *Examination Validation Policy*. Sacramento, CA: California Department of Consumer Affairs.

Comparison of Mental Health Competencies
and the Licensed Educational Psychologist Examination Plan

A meeting was held June 5, 2009 to critically compare and evaluate the LEP examination plan and identified mental health competencies. These competencies emerged as key themes from a review of the literature associated with the Mental Health Services Act (Proposition 63). The Board, with direction from the Office of Professional Examination Services (OPES), recruited subject matter experts (SMEs) to participate in the meeting. Six SMEs attended the meeting.

SMEs represented both northern and southern California, were from urban areas, had been licensed from 2 years to 29 years (M=15 years licensed), and worked from 10 to 40 hours a week as a LEP in school or private practice settings. SMEs completed both Security Agreement and Personal Data forms which are on file with the OPES and document additional SME information.

An orientation was provided by AMS explaining contracted project objectives, goals of the meeting, and role of the SMEs. Specifically, the primary goal of the meeting was to evaluate the extent to which important mental health competencies are measured in the examination.

Once the SMEs understood the purpose of the contracted project and the goals of the meeting, they independently reviewed the LEP examination plan, a Mental Health Services Act document, and a competencies linkage worksheet. Next, AMS facilitated a group discussion about the competencies and how they are measured or represented in the LEP examination plan. SMEs were also encouraged to add competencies that were not listed and specific to the emerging trends associated with the Mental Health Services Act.

Table 1 presents a sample of task statements located in the LEP examination plan linked to the identified competencies or key themes. Comments are also included. These results are not intended to represent a complete linkage, only to demonstrate whether the competencies are assessed or measured by the examination.

It should be noted that most of the competencies appear to be represented and measured throughout the LEP Written Examination. Many of the competencies are represented by numerous task statements (e.g., standards of care for children, prevention and early intervention). Others are measured by a few task statements (e.g., older adult services). Three areas were found not to be measured in the examination: group therapy, rehabilitation, telehealth. The task measuring "group therapy" was actually eliminated during the development of the examination plan because it fell below the established critical index (i.e., not appropriate to include in the licensure examination). Rehabilitation was determined to be not applicable to the LEP scope. And, standards for telehealth are not in place at this time and are not considered entry-level.

Table 1 – Comparison of Mental Health Competencies and LEP Examination Plan

Competencies or Key Themes	Task #s	Comments
Person-centered care / Consumer involvement	5, 35, 36, 38	Represented and measured
Mental health needs of special populations (e.g., homeless, incarcerated individuals, AIDs, etc.)	6	Specific to foster care, dependency situations
Standards of care for children / Child therapy	Numerous	Represented and measured
Adult therapy / services	Numerous	Represented and measured
Older adult therapy / services	53	Represented and measured
Family therapy / services	Numerous	Represented and measured
Group therapy / services		Not represented
Strategies to reduce stigma associated with emotional and behavioral disorders	8, 30	Represented and measured
Strategies to reduce discrimination against individuals with emotional and behavioral disorders	8, 30	Represented and measured
Suicide (assessment, prevention, and treatment)	Numerous	Represented and measured
Culturally competent care	8	Represented and measured
Prevention and early intervention	44, 45	Represented and measured
Mental health promotion interventions	53, 64	Represented and measured
Mental disorder prevention strategies (universal, selective, indicated)	53, 64	Represented and measured
Levels of at-risk	44, 45,	Represented and measured
Risk and protective factors associated with social, environmental, and economic determinants of mental health	44, 45	Represented and measured
Risk and protective factors associated with individual and family determinants of mental health	44, 45	Represented and measured
Co-occurring mental health disorders	7-10, 20	Represented and measured
Substance abuse disorders / substance use disorders	6, 45	Represented and measured
Addictive conditions / disorders	6, 45	Represented and measured
Evidence-based practices	29, 39, 45	Represented and measured
Recovery-oriented care/Recovery-based service system	35, 36, 45	Represented and measured in “Treatment”
Resilience	45	Represented and measured
Rehabilitation		Not represented
Advocacy	Numerous	Represented and measured
Interdisciplinary and multidisciplinary care	Numerous	Represented and measured
Health technology / telehealth		Not represented
Impact of trauma	10, 38	Represented and measured
Wraparound services	51-54	Represented and measured

Licensed Clinical Social Worker, Licensed Educational Psychologist, and Marriage & Family Therapist Examinations:

Analysis of Mental Health Services Act Competencies

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California Department of Consumer Affairs
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These services were conducted according to professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing (Standards)*[1] and *Business and Professions Code Section 139* (see *Examination Validation Policy*)[2].

The analysis of existing data regarding competencies needed for prevention of mental illness and to work in public mental health and other environments; and, how competencies needed for prevention of mental illness and working in public mental health and other environments are integrated into the content of the five existing Board examinations is presented in this progress report.

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Comparison of Mental Health Competencies
and the Licensed Educational Psychologist Examination Plan

A meeting was held June 5, 2009 to critically compare and evaluate the LEP examination plan and identified mental health competencies. These competencies emerged as key themes from a review of the literature associated with the Mental Health Services Act (Proposition 63). The Board, with direction from the Office of Professional Examination Services (OPES), recruited subject matter experts (SMEs) to participate in the meeting. Six SMEs attended the meeting.

SMEs represented both northern and southern California, were from urban areas, had been licensed from 2 years to 29 years (M=15 years licensed), and worked from 10 to 40 hours a week as a LEP in school or private practice settings. SMEs completed both Security Agreement and Personal Data forms which are on file with the OPES and document additional SME information.

An orientation was provided by AMS explaining contracted project objectives, goals of the meeting, and role of the SMEs. Specifically, the primary goal of the meeting was to evaluate the extent to which important mental health competencies are measured in the examination.

Once the SMEs understood the purpose of the contracted project and the goals of the meeting, they independently reviewed the LEP examination plan, a Mental Health Services Act document, and a competencies linkage worksheet. Next, AMS facilitated a group discussion about the competencies and how they are measured or represented in the LEP examination plan. SMEs were also encouraged to add competencies that were not listed and specific to the emerging trends associated with the Mental Health Services Act.

Table 1 presents a sample of task statements located in the LEP examination plan linked to the identified competencies or key themes. Comments are also included. These results are not intended to represent a complete linkage, only to demonstrate whether the competencies are assessed or measured by the examination.

It should be noted that most of the competencies appear to be represented and measured throughout the LEP Written Examination. Many of the competencies are represented by numerous task statements (e.g., standards of care for children, prevention and early intervention). Others are measured by a few task statements (e.g., older adult services). Three areas were found not to be measured in the examination: group therapy, rehabilitation, telehealth. The task measuring "group therapy" was actually eliminated during the development of the examination plan because it fell below the established critical index (i.e., not appropriate to include in the licensure examination). Rehabilitation was determined to be not applicable to the LEP scope. And, standards for telehealth are not in place at this time and are not considered entry-level.

Table 1 – Comparison of Mental Health Competencies and LEP Examination Plan

Competencies or Key Themes	Task #s	Comments
Person-centered care / Consumer involvement	5, 35, 36, 38	Represented and measured
Mental health needs of special populations (e.g., homeless, incarcerated individuals, AIDs, etc.)	6	Specific to foster care, dependency situations
Standards of care for children / Child therapy	Numerous	Represented and measured
Adult therapy / services	Numerous	Represented and measured
Older adult therapy / services	53	Represented and measured
Family therapy / services	Numerous	Represented and measured
Group therapy / services		Not represented
Strategies to reduce stigma associated with emotional and behavioral disorders	8, 30	Represented and measured
Strategies to reduce discrimination against individuals with emotional and behavioral disorders	8, 30	Represented and measured
Suicide (assessment, prevention, and treatment)	Numerous	Represented and measured
Culturally competent care	8	Represented and measured
Prevention and early intervention	44, 45	Represented and measured
Mental health promotion interventions	53, 64	Represented and measured
Mental disorder prevention strategies (universal, selective, indicated)	53, 64	Represented and measured
Levels of at-risk	44, 45,	Represented and measured
Risk and protective factors associated with social, environmental, and economic determinants of mental health	44, 45	Represented and measured
Risk and protective factors associated with individual and family determinants of mental health	44, 45	Represented and measured
Co-occurring mental health disorders	7-10, 20	Represented and measured
Substance abuse disorders / substance use disorders	6, 45	Represented and measured
Addictive conditions / disorders	6, 45	Represented and measured
Evidence-based practices	29, 39, 45	Represented and measured
Recovery-oriented care/Recovery-based service system	35, 36, 45	Represented and measured in “Treatment”
Resilience	45	Represented and measured
Rehabilitation		Not represented
Advocacy	Numerous	Represented and measured
Interdisciplinary and multidisciplinary care	Numerous	Represented and measured
Health technology / telehealth		Not represented
Impact of trauma	10, 38	Represented and measured
Wraparound services	51-54	Represented and measured

Comparison of Mental Health Competencies and the Licensed Clinical Social Worker Examination Plan

A meeting was held May 23, 2009 to critically compare and evaluate the LCSW examination plan and identified mental health competencies. These competencies emerged as key themes from a review of the literature associated with the Mental Health Services Act (Proposition 63). The Board, with direction from the OPES, recruited SMEs to participate in the meeting. Eight SMEs attended the meeting.

SMEs represented both northern and southern California, were primarily from urban areas, had been licensed from 5 year to 33 years (M=20 years licensed), and worked full-time as LCSWs in agency, clinical, county, prison, and private practice settings. SMEs completed both Security Agreement and Personal Data forms which are on file with the OPES and document additional SME information.

An orientation was provided by AMS explaining contracted project objectives, goals of the meeting, and role of the SMEs. Specifically, the primary goal of the meeting was to evaluate the extent to which important mental health competencies are measured in the examinations.

Once the SMEs understood the purpose of the contracted project and the goals of the meeting, they independently reviewed the LCSW examination plan, a Mental Health Services Act document, and a competencies linkage worksheet. Next, AMS facilitated a group discussion about the competencies and whether they are measured or represented in the LCSW examination plan. SMEs were also encouraged to add competencies that were not listed and specific to the emerging trends associated with the Mental Health Services Act.

Table 2 presents a sample of task statements located in the LCSW examination plan linked to the identified competencies or key themes. Comments are also included. These results are not intended to represent a complete linkage, only to demonstrate whether the competencies are assessed or measured by the examinations.

It should be noted that most of the competencies appear to be represented and measured throughout the LCSW examinations. Many of the competencies are represented by numerous task statements (e.g., child therapy, family therapy, advocacy). Others are measured by a few task statements (e.g., group therapy, suicidality). SMEs emphasized that although terms such as "recovery" and "resilience" are not listed in the examination plan, the intent of these concepts are measured. Evidence-based practices were discussed and determined to be measured but perhaps using different jargon. Finally, SMEs indicated that telehealth guidelines were beyond entry-level at this point in time.

Table 2 – Comparison of Mental Health Competencies and LCSW Examination Plan

Competencies or Key Themes	Task #s	Comments
Person-centered care / Consumer involvement	27, 218, 220, 239	Represented and measured
Mental health needs of special populations (e.g., homeless, incarcerated individuals, AIDs, etc.)	168, 175, 187, 253	Represented and measured
Standards of care for children / Child therapy	Sec. V. C.	Represented and measured
Adult therapy	Sec. V. D.	Represented and measured
Older adult therapy	Sec. V. D.	Represented and measured
Family therapy	Sec. V. F.	Represented and measured
Group therapy	Sec. V. D.	Represented and measured
Strategies to reduce stigma associated with emotional and behavioral disorders	Numerous	Measured at therapist-client and public levels
Strategies to reduce discrimination against individuals with emotional and behavioral disorders	Numerous	Measured at therapist-client and public levels
Suicide (assessment, prevention, and treatment)	27, 53, 66	Represented and measured
Culturally competent care	Sec. I. C. 1. b.	Represented and measured
Prevention and early intervention	Numerous	Represented and measured
Mental health promotion interventions	33, 270	Measured at therapist-client level
Mental disorder prevention strategies (universal, selective, indicated)	231, 232	Represented and measured
Levels of at-risk	Sec. I. A.	Represented and measured
Risk and protective factors associated with social, environmental, and economic determinants of mental health	Numerous	Represented and measured
Risk and protective factors associated with individual and family determinants of mental health	Numerous	Represented and measured
Co-occurring mental health disorders	Sec. I. D.	Measured, but possibly more questions needed
Substance abuse disorders / substance use disorders	6, 7	Represented and measured
Addictive conditions / disorders	Sec. I. D.	Represented and measured
Evidence-based practices	85, 156	Possibly too specific, measured differently
Recovery-oriented care/Recovery-based service system	29, 119	Represented and measured
Resilience	20, 33, 81, 97	Represented and measured
Rehabilitation		Not represented in traditional sense
Advocacy	Sec. IV. B.	Measured at therapist-client level
Interdisciplinary and multidisciplinary care	Numerous	Represented and measured
Health technology / telehealth		Not represented
Impact of trauma	Sec. V. A.	Represented and measured
Wraparound services	Sec. IV.	Specific content

Comparison of Mental Health Competencies
and the Marriage and Family Therapist Examination Plan

A meeting was held May 15, 2009 to critically compare and evaluate the MFT examination plan and identified mental health competencies. These competencies emerged as key themes from a review of the literature associated with the Mental Health Services Act (Proposition 63). The Board, with direction from the OPES, recruited SMEs to participate in the meeting. Seven SMEs attended the meeting.

SMEs represented both northern and southern California, were primarily from urban areas, had been licensed from 3 year to 33 years (M=19 years licensed), and worked full-time as MFTs in agency settings but primarily in private practice. SMEs completed both Security Agreement and Personal Data forms which are on file with the OPES and document additional SME information.

An orientation was provided by AMS explaining contracted project objectives, goals of the meeting, and role of the SMEs. Specifically, the primary goal of the meeting was to evaluate the extent to which important mental health competencies are measured in the examinations.

Once the SMEs understood the purpose of the contracted project and the goals of the meeting, they independently reviewed the MFT examination plan, a Mental Health Services Act document, and a competencies linkage worksheet. Next, AMS facilitated a group discussion about the competencies and whether they are measured or represented in the MFT examination plan. SMEs were also encouraged to add competencies that were not listed and specific to the emerging trends associated with the Mental Health Services Act. "Wraparound services" was added to the list in response to SME feedback.

Table 3 presents a sample of task statements located in the MFT examination plan linked to the identified competencies or key themes. Comments are also included. These results are not intended to represent a complete linkage, only to demonstrate whether the competencies are assessed or measured by the examinations.

It should be noted that most of the competencies appear to be represented and measured throughout the MFT examinations. Many of the competencies are represented by numerous task statements (e.g., child therapy, family therapy). Others are measured by a few task statements (e.g., group therapy, suicidality). SMEs emphasized that although terms such as "recovery" and "resilience" are not listed in the examination plan, the intent of these concepts are measured (e.g., in Content Area IV. Treatment). SMEs also discussed that some of these competencies are measured at the therapist-client level rather than at a public or policy-level. Evidence-based practices were viewed as controversial, possibly too specific and not entry-level (i.e., with one exception, Family Psychoeducation). Finally, SMEs indicated that telehealth guidelines were beyond entry-level at this point in time.

Table 3 – Comparison of Mental Health Competencies and MFT Examination Plan

Competencies or Key Themes	Task #s	Comments
Person-centered care / Consumer involvement	1, 4	Measured at therapist-client level
Mental health needs of special populations (e.g., homeless, incarcerated individuals, AIDs, etc.)	8, 14, 19, 65	Specific content, not directly measured, loose linkage
Standards of care for children / Child therapy	17, 49, 61	Represented and measured
Adult therapy	Numerous	Represented and measured
Older adult therapy	Numerous	Represented and measured
Family therapy	Numerous	Represented and measured
Group therapy	48, 74	Represented and measured
Strategies to reduce stigma associated with emotional and behavioral disorders	66, 67	Measured at therapist-client level
Strategies to reduce discrimination against individuals with emotional and behavioral disorders	66, 67	Measured at therapist-client level
Suicide (assessment, prevention, and treatment)	25, 31	Represented and measured
Culturally competent care	15, 41, 42, 66, 67	Represented and measured
Prevention and early intervention	Numerous	Represented and measured
Mental health promotion interventions	55, 65, 73	Measured at therapist-client level
Mental disorder prevention strategies (universal, selective, indicated)		Not measured; viewed as public or policy-level
Levels of at-risk	12, 24, 25, 32	Represented and measured
Risk and protective factors associated with social, environmental, and economic determinants of mental health	14, 19	Measured at therapist-client level
Risk and protective factors associated with individual and family determinants of mental health	14, 19	Measured at therapist-client level
Co-occurring mental health disorders	Sec. I. D.	Measured, but possibly more questions needed
Substance abuse disorders / substance use disorders	6, 7	Represented and measured
Addictive conditions / disorders	Sec. I. D.	Represented and measured
Evidence-based practices		Possibly too specific
Recovery-oriented care/Recovery-based service system	65, 66	Represented and measured in “Treatment”
Resilience	24	Represented and measured
Rehabilitation	71	Represented and measured in “Treatment”
Advocacy	72	Measured at therapist-client level
Interdisciplinary and multidisciplinary care	50, 55, 72	Represented and measured
Health technology / telehealth		Not represented
Impact of trauma	30, 36	Represented and measured
Wraparound services		Specific content

References

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (1999). *Standards for educational and psychological testing*. Washington, DC: American Educational Research Association.

American Psychological Association. (2002). *The road to resilience*. Washington, DC; Author.

Annapolis Coalition on the Behavioral Health Workforce. (2007). *An action plan for behavioral health workforce development: A framework for discussion*. Cincinnati, OH: Author.

California Community College Economic and Workforce Development Program Health Initiative. (2005). *DACUM Competency Profile for Marriage and Family Therapist (Public or Community-Based Mental Health Services).* Oroville, CA: Butte College.

California Council of Community Mental Health Agencies. (2008). *CCMHA employer survey results*. Sacramento, CA: Author

California Council of Community Mental Health Agencies. (2007). *Recommendation to the California Board of Behavioral Sciences regarding the marriage and family therapy curriculum*. Sacramento, CA: Author.

California Department of Consumer Affairs. (January, 2008). *Statutes and regulations relating to the practice of: Marriage and family therapy, educational psychology, and clinical social work.* Sacramento, CA: Author.

California Department of Consumer Affairs. (2004). *Examination validation policy.* Sacramento, CA: Author.

California Department of Consumer Affairs Office of Examination Resources. (2004). *Validation report: Licensed clinical social worker.*. Sacramento, CA: Author.

California Department of Consumer Affairs Office of Examination Resources. (2009). *Validation Report: Licensed educational psychologist*. Sacramento, CA: Author.

California Department of Consumer Affairs Office of Examination Resources. (August, 2007). *Validation report: Marriage and family therapist*. Sacramento, CA: Author.

California Department of Mental Health. (June, 2008). *California strategic plan on suicide prevention: Every Californian is part of the solution*. Sacramento, CA; Author.

California Department of Mental Health Services. (2007). *Mental Health Services Act five-year workforce education and training development plan For the period April 2008 to April 2013.* Sacramento, CA: Author.

California Department of Mental Health. (2005). *California Department of Mental Health (DMH) vision statement and guiding principles for DMH implementation of the Mental Health Services* Act (DMH Publication). Sacramento, CA: Author.

California Legislative Analyst's Office. (2004). *Proposition 63*. Retrieved October 18, 2006, from http://www.lao.ca.gov/ballot/2004/63_11_2004.htm.

California Social Work Education Center. (2006). *A competency-based curriculum in community mental health for graduate social work students*. Berkeley, CA: Author.

Dika, E. & Gillo-Gonzales, R. (2006). *Moving to recovery and person-centered practice*. Power point presentation made at the Mental Health Planning Council April 20, 2006.

Equal Employment Opportunity Commission, Civil Service Commission, Department of Labor, and Department of Justice. (1978). *Federal Uniform Guidelines for Employee Selection Procedures*. Washington, DC: Author.

Feldman, S., & Lee, D. (2007). *Mental Health Services Oversight and Accountability Commission position paper: Training and* education. Sacramento, CA.

Fight Crime: Invest In Kids California. *From promise to practice: Mental health models that work for children and youth*. Oakland, CA: Author.

Gagne, C., Anthony, W., & White, W. *An analysis of mental health & addictions concept of recovery*. (Complete reference information unknown).

Hodge, M. & Townsend, W. *The impact of language and environment on recovery*. (Complete reference information unknown).

Ida, D. J., Lopez, S., Lafferty, P., McKinney, J., & Running Wolf, P. *Recovery within diverse populations*. (Complete reference information unknown).

Magnabosco, J. L. (2006). *Innovations in mental health services implementation: A report on state-level data from the U.S. Evidence-Based Practices Project.* Implementation Science, I: 13.

Mental Health Services Oversight & Accountability Commission. (2007). *Mental Health Services Act prevention and early intervention: County and state level policy direction* (DMH Publication). Sacramento, CA: Author.

Mental Health Services Oversight and Accountability Commission. (2007). *Mental Health Services Oversight and Accountability Commission report on co-occurring disorders*. Sacramento, CA: Author.

Miller, B. *Recovery Across the lifespan: Unique aspects of recovery for older adults*. (Complete reference information unknown).

National Academy of Sciences. (2006). *Improving the quality of health care for mental health and substance-use conditions: Quality chasm series.* In *Coordinating care for better mental, substance-use, and general health* (chap. 5). Retrieved from http://www.nap.edu/catelog/11470.html.

National Consumer and Carer Forum. (2005). *Consumer and carer participation policy – A framework for the mental health sector*. Australia: Author.

New Freedom Commission on Mental Health. (April, 2005) *Subcommittee on Evidence-Based Practices: Background paper* (DHHS Pub. No. SMA-05-4007). Rockville, MD.

New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final report* (DHHS Publication No. SMA-03-3832). Rockville, MD: Author.

New Freedom Commission on Mental Health. (February 2003). *Subcommittee on Children and Family promoting preserving and restoring children's mental health*. (Policy Options). Rockville, MD: Author.

New Freedom Commission on Mental Health. (March, 2003). *Subcommittee on Consumer Issues shifting to a recovery-based continuum of community care.* Rockville, MD: Author.

New Freedom Commission on Mental Health. (December, 2002). *An outline for the draft report of the Subcommittee on Co-occurring Substance Abuse and Mental Disorders* Rockville, MD: Author.

Office of Examination Resources. (January 1997). *A Practical Guide to Writing Multiple-Choice Questions*. Sacramento, CA: Department of Consumer Affairs.

Onken, S. J., Craig, C. M., Ridgway, P., Ralph, R. O., & Cook, J. A. *An analysis of the definitions and elements of recovery: A review of the literature*. Psychiatric Rehabilitation Journal, Summer, 31(1): 9-22.

Ragins, M. *Building mental health service act programs*. Retrieved October 18, 2006, from http://www.village-isa.org/VillageWritings/writings_hp.htm.

Social Care Institute for Excellence. (March, 2004). *Involving service users and carers in social work education* (Resource Guide No 2). London, UK: Author.

Sowers, W., Huckshorn, K., & Ashcraft, L. *Transforming systems of care: Translation of recovery to mental health treatment settings*. (Complete reference information unknown).

Spiro, L. (2007, September). *Promoting wellness on the individual level*. Paper presented at the meeting of the Substance Abuse Mental Health Services Administration/Center for Mental Health Services, Rockville, MD.

Substance Abuse and Mental Health Services Administration. (2004). *Clinical preventive services in substance abuse and mental health update: From science to services* (DHHS Publication No. SMA-04-3906). Rockville, MD: Author.

U.S. Department of Health and Human Services. (2004). *National consensus statement on mental health recovery*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, & Center for Mental Health Services.

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity – A supplement to mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

World Health Organization. (2004). *Prevention of Mental Disorders: Effective interventions and policy options* (Summary Report). Geneva, Switzerland; Author.